

**LOCAL BANKRUPTCY FORM**  
**10071(c)**

**IN THE UNITED STATES BANKRUPTCY COURT FOR  
THE MIDDLE DISTRICT OF PENNSYLVANIA**

IN RE:	:	CHAPTER 13
THOMAS S. STEFANSKY	:	
a/k/a Thomas Samuel Stefansky	:	
a/k/a Thomas Stefansky	:	
	:	
SANDRA M. STEFANSKY	:	
a/k/a Sandra Marie Stefansky	:	CASE NO. 5:18-bk-
a/k/a Sandra Stefansky	:	
	:	
Debtor(s)		

**pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)**

I, SANDRA M. STEFANSKY, hereby certify that within sixty (60) days before the date of filing the above-captioned bankruptcy petition, I did not receive payment advices (e.g. "pay stubs"), as contemplated by 11 U.S.C. § 521(a)(1)(B)(iv), from any source of employment. I further certify that I received no payment advices during that period because:

- ( ) I have been unable to work due to a disability throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ( ) I have received no regular income other than Social Security payments throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- (X) My sole source of regular employment income throughout the sixty (60) days immediately preceding the date of the above-captioned petition has been through self-employment from which I do not receive evidence of wages or a salary at fixed intervals.
- ( ) I have been unemployed throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ( ) I did not receive payment advices due to factors other than those listed above.  
(Please explain)

\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

DATE: December 21, 2018

/ s/Sandra M. Stefansky

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SANDRA M. STEFANSKY